

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** MARLA VISTA MANOR (410446)

**Address:** 1006 N MILITARY AVE, GREEN BAY, WI 54303

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1996

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0096485      **End Date:** 02/08/2006      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007256    Served 03/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	06/15/2006	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION	06/15/2006	Yes
	DISCLOSURE FORM		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	06/15/2006	No
83.14(8)	DOCUMENTATION	06/15/2006	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	06/15/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	06/15/2006	No
83.32(2)(b)	DEVELOPMENT	06/15/2006	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	06/15/2006	Yes
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	06/15/2006	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	06/15/2006	Yes

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CLASS CNA (NONAMBULATORY)

**Survey ID: 0094848      End Date: 04/18/2005      Type: OTHER      Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007153    Served 05/25/2005**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	01/18/2006	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	01/18/2006	Yes
83.12(5)(a)	SUPERVISION AND MONITORING	01/18/2006	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	01/18/2006	Yes
83.32(2)(b)	DEVELOPMENT	01/18/2006	No
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	01/18/2006	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	01/18/2006	No

**Survey ID: 0092929      End Date: 07/06/2004      Type: ABBREVIATED      Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10006984    Served 07/21/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	07/17/2004	Yes
83.21(4)(w)	SAFE ENVIRONMENT	08/17/2004	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	08/17/2004	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	08/17/2004	Yes

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Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 03/08/2006      SOD #10007256      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.21(4)(w)  
FORFEITURE---83.32(2)(b)  
FORFEITURE---83.33(3)(e)6

**Date: 05/20/2005      SOD #10007153      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.12(5)(a)  
FORFEITURE---83.33(3)(e)6

**Date: 07/20/2004      SOD #10006984      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---50.065(2)(b)

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 10/24/2005**

**Date Investigation Completed: 02/08/2006**

Subject Area(s)

SUPERVISION  
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

03/08/06

**Date Complaint Received: 02/22/2005**

**Date Investigation Completed: 04/18/2005**

Subject Area(s)

ABUSE  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
MEDICATIONS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

05/20/05  
05/20/05

**Date Complaint Received: 09/25/2003**

**Date Investigation Completed: 07/06/2004**

Subject Area(s)

SUPERVISION  
ABUSE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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